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To: US PTU - and Unit 1733 Date: 1/16/04
Fax No.: 703/872-9310-9306 No. of Pages (including cover): 3
Matter/Docket # 10/721,964 - Nocked 2000/16C1P2
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PAGE 1/3 * RCVD AT 11/16/2004 3:02:24 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/7 * DNIS:8729306 * CSID: * DURATION (mm-ss):01-42

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	Application Number	10/721,984	
TRANSMITTAL	Filing Date	11/26/2003	
FORM	First Named Inventor	Ouedemi et al.	
(In he used for all correspondence after initial filing)	Art Unit	1722	
	Examiner Name	Lazena Martin	
Total Number of Pages in This Submission 2	Attorney Docket Number	2000/16 CIP2	
ENCLOSURES (Check all that apply)			
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Application Number **CHANGE OF** 11/25/2003 CORRESPONDENCE ADDRESS Filing Date Application Ouederni et al. First Named Inventor 1733 Art Unit Address to: Commissioner for Patents **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450. 2000/16 CIP2 <u> Attornev Docket Number</u> Please change the Correspondence Address for the above-identified patent application to: Customer Number: OR Firm or ~ Gregory N. Clements Individual Name Address INVISTA North America S.a r.l. 4501 Charlotte Park Drive Address NC 28217 Charlotte State Zip City USA Country 704.386.6642 704.366.9744 Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number 30,713 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Gregory N. Clements Name Signature Telephone 704.366.6642 Date NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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